

NOTE: REFER TO SCHOOL OPERATIONS MANUAL, SECTION 111.1, FOR INSTRUCTIONS. SEE BACK OF THE LAST PAGE OF THIS REPORT FOR CODE NUMBERS TO BE USED.

THE SCHOOL DISTRICT OF PHILADELPHIA INCIDENT FOLLOW-UP REPORT					CONTROL NO.		LOCATION SUFFIX				
REPORT DATE		SCHOOL/DIVISION/OFFICE		SCHOOL/BLDG. CODE		DATE OF INCIDENT		TIME OF INCIDENT <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		INCIDENT CODE	
INCIDENT LOCATION: <i>(Be specific; include stair, hall, classroom, lunchroom, room numbers, street address (if out of school), etc.)</i>				METHOD OF ENTRY: 1. <input type="checkbox"/> DOOR 4. <input type="checkbox"/> WINDOW 7. <input type="checkbox"/> OTHER _____ 2. <input type="checkbox"/> GUARD SCREEN 5. <input type="checkbox"/> WINDOW LATCH 3. <input type="checkbox"/> KEY 6. <input type="checkbox"/> ROOF							
SUMMARY OF INCIDENT: <i>(Be specific; Include nature of injury, body part, incident locations, property damages, types of drugs, weapons, etc.)</i>											
FOLLOW-UP ACTION TAKEN: <i>(Including medical and disciplinary actions taken and outside agency referrals)</i>											
FIRST AID ACTION BY:						FURTHER MEDICAL TREATMENT BY:					
DESCRIPTION OF STOLEN/MISSING/DESTROYED OR DAMAGED PROPERTY: <i>(Attach additional sheets if necessary)</i>											
TYPE OF ITEM		MAKE/MODEL		MODEL NUMBER		EQUIPMENT NO.		REPAIRABLE YES NO		COST	
PERSONS INVOLVED: KEY CODE - A = Adult, C = Complainant, E = Employee, I = Informant, P = Pupil, S = Suspect, W = Witness <i>(Can combine "Key Codes")</i>											
KEY	NAME	ADDRESS	PUPIL I.D. NO.	D.O.B.	GRADE	RACE	ARREST YES NO	IF PUPIL, PARENT'S FULL NAME			
NOTIFICATIONS: Report "HOW" and "TIME" Notified. Give Names, Badge Numbers, District, Etc.											
POLICE: HOW: _____ TIME: _____ RESPOND <input type="checkbox"/> YES NAME : _____ DISTRICT: _____ BADGE# : _____ <input type="checkbox"/> NO				FIRE: HOW: _____ TIME: _____ RESPOND YES NO							
PARENTS: HOW: _____ TIME: _____ NAMES: _____						CLUSTER LEADER/OFFICE: YES NO HOW: _____ TIME: _____					
NAME OF PERSON PREPARING THIS REPORT:				TITLE:		PRINCIPAL/DIRECTOR					

INCIDENT REPORTING

FORM EH - 31

INCIDENT REPORTS MUST HAVE A DETAILED DESCRIPTION OF THE INCIDENT ALONG WITH VITAL INFORMATION (e. g., damage and cost, serial numbers, make/model numbers, etc.) LIST TYPE OF INJURIES SUFFERED AND WHAT MEDICAL TREATMENT WAS REQUIRED. RECORD AMOUNTS AND TYPES OF CONTRA-BAND CONFISCATED. LIST ALL COMPLAINANTS, DEFENDANTS, AND WITNESSES (where applicable). REPORT WHAT ACTION WAS TAKEN TO STUDENT OR PERPETRATOR, i. e., arrest, suspension, etc. ANY AND ALL INFORMATION THAT MAY BE HELPFUL IN THE INVESTIGATION OF AN INCIDENT OCCURRING IN SCHOOL, ON SCHOOL PROPERTY , OR TO AND FROM SCHOOL.

SEE SECTION II PARTS A, B AND C OF POLICY AND PROCEDURE #111.1 FOR A DESCRIPTION OF THE TYPES OF ACCIDENTS AND INJURIES THAT MUST BE REPORTED.

PLEASE ADD THE FOLLOWING ACCIDENT AND INJURY CODES TO THE THREE DIGIT INCIDENT CODE :

F	=	FRACTURES
H	=	HEAD INJURY
E	=	EYE INJURY
D	=	DENTAL INJURY
H	=	HEAVY BLEEDING
L	=	LOSS OF CONSCIOUSNESS
C	=	CESSATION OF BREATHING
A	=	ANIMAL BITES
O	=	OTHER

INCIDENT DESK TELEPHONE NUMBERS: 875 - 3613

875 - 3614

875 - 3615